

JAN 23 2007

400 Garden City Plaza, Suite 300
Garden City, New York 11530
(516) 742-4343 - Telephone
(516) 742-4366 - Facsimile
E-mail: intprop@ssmp.com

**SCULLY, SCOTT, MURPHY
& PRESSER, P.C.**

Fax

To: U.S. Patent & Trademark Office
Art Unit: 3736
Confirmation No.: 8936

From: Thomas Spinelli, Esq.
Registration No.: 39,533

Fax: 571-273-8300

Pages: 14

Phone:

Date: January 23, 2007

Re: USSN: 10/541,369
Our Docket: 18969

CC:

PRELIMINARY AMENDMENT

The following is being filed with the U.S. Patent and Trademark Office via facsimile on January 23, 2007:

1. Preliminary Amendment W/Transmittal in Duplicate
2. Authorization to Charge Deposit Account 19-1013 for 2,100.00 - extra claims
3. Certificate of Facsimile Transmission

Applicants: Takeshi Yokoi, et al.
Serial No.: 10/541,369
For: MEDICAL APPARATUS
Filed: July 5, 2005
Docket: 18969
Dated: January 23, 2007
TS:cm

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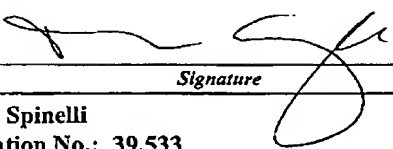
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AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 18969	
Applicant(s): Takeshi Yokoi, et al.						
Application No. 10/541,369	Filing Date July 5, 2005	Examiner Unassigned	Customer No. 23389	Group Art Unit 3736	Confirmation No. 8936	
Invention: MEDICAL APPARATUS						
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	26 -	20 =	6	x \$50.00	\$300.00	
INDEP. CLAIMS	14 -	5 =	9	x \$200.00	\$1,800.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$2,100.00	
<input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. 19-1013/SSMP in the amount of \$2,100.00 <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
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Thomas Spinelli Registration No.: 39,533			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence			
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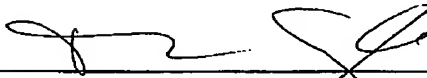
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